City of Cincinnati & Hamilton County Departments of Community Development American Dream Downpayment Initiative Application Form

Applicant: Last Name/First Name/Middle Initial Address		Da	Date of Birth			Marital Status (circle)			
		/ / City/State/Zip		;	Single M Phone			Separated	
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Spouse/Co-Applicant Last Name/First Name/M.I. Address		Date of Birth			Marital Status (circle) Single Married Divorced Separated				
		Cit	City/State/Zip		•	Phone # Social Sec. #			
Race/Ethnicity-Complete the Single Race:					onse.				
Alaskan Native or American	Indian Asian	Black or A	African A	merican	Native	Hawaiian o	r Pacific Isla	ander	White
Multi-Race : Alaskan Native or American I	Indian and White		Asian a	ınd White		Black	or African	American a	nd White
Alaskan Native or	· American Indian and Blad	ck or African A	American		Othe	er Multi-Raci	al Group		
Ethnicity (to be completed	d by all applicants):	Hispani	С	No	n-Hispanio	;			
Other Household Members	-List requested information	n for all other	members	of househol	d. If additi	ional space i	is required,	attach sepa	rate sheet.
	rst Name, M.I.			to Applic		Date of			Security #
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Household Income- List total Number of Persons in the company of t		Gross Far							ning Income
Employment-List requested	information for all adult me	embers of hou	ısehold (18 and over)	who are e	mployed. If	an individu	al has more	than one
employer, list each separately. If additional space is re Family Member Employer Name		uired, attach separate sheet.			Position Gross Earnings				
Name	Address			•		Held			interval)
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			()				\$	wklv/b	i-wkly/mnthly/yrl
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Savings & Investments-List	t requested information for	checking, sa	vings, cei	rtificates of de	eposit, mu	tual funds, s	tocks, etc.	for adult me	mbers of
household. If additional space Acct. in Name Of:		rate sheet. D	o <u>not</u> list		ccounts su	ch as IRA's,	401K, etc.	ount #	Balance/Valu
	Institution		savings, C.D.,						
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realize that I may be h any false or frauduler		inally resp	onsible	e under fe	deral ar	nd state la	aw for kr	nowingly	providing
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Annucant Signature						1 12tA			
				_		Date			

American Dream Downpayment Initiative Income Worksheet

Applicant Name:			SS#	SS#			
		Family M	lember Name				
	a)	b)	c)	d)	Subtotal (add a-d)		
1. Wages, salaries, tips, etc.							
2. Taxable interest							
3. Dividend income							
4. Taxable refunds/credits/offsets of state/ local income taxes							
5. Alimony received							
6. Business income (or loss)							
7. Capital gain (or loss)							
Other gains (or losses) Taxable amount of IRA distributions							
10. Taxable amount of pensions and annuities							
11. Rental real estate, royalties, partnerships, trusts, etc.							
12. Farm income (or loss)							
13. Unemployment compensation							
14. Taxable amounts of Social Security benefits							
15. Other income							
16. Subtotal (lines 1-15)							
17. IRA deduction							
18. Medical savings account deduction							
19. Moving expenses							
20. One-half of self - employment tax							
21. Self-employed health insurance deduction							
22. Keogh and self-employed SEP and SIMPLE plans							
23. Penalty on early withdrawal of savings							
24. Paid alimony							
25. Subtotal (lines17-24)							
26. Subtract line 25 from line 16. This is Adjusted Gross Income							

Instructions for Completing Income Worksheet

The income worksheet above must be completed for all adult members (18 or older) of the household who have any of the types of income or deductions listed. Space has been provided on the form for up to 4 family members (columns a-d). If additional space is required, please photocopy the form. The form should be completed as you would a federal income tax return. It may be helpful to use a previous year's tax return as a reference tool, however, all data on the form should be for the current year. All entries should reflect annual amounts. For example, if your present salary is \$2,000 per month, the figure entered on line 1 would be \$24,000 (12 months x \$2000).

The rules governing each entry are the same as those for completing an IRS Form 1040 tax return. Should you find you have questions regarding rules for a particular entry, please go to the Internal Revenue Service website at www.irs.gov. Using the "Search Forms and Publications For" box, perform a search for "Form 1040". You will be directed to a page with a link to instructions for Form 1040.

You must provide at least 2 pieces of supporting documentation for each entry on the income worksheet. Generally, these would be copies of the two most recent statements or summaries for the given item. Some examples of supporting documentation are *copies* of the following:

- check stubs that support figures provided for wages, salary, unemployment compensation, pension, social security, disability, etc.;
- bank statements indicating interest earned on savings, certificates of deposit, etc.;
- quarterly or monthly statements indicating dividends earned from stocks, mutual funds, etc.;

Failure to supply adequate documentation will result in the return of your application. Mail completed application and verifications to the appropriate address below.

For home purchase in City of Cincinnati: Tashawa Perrin, Program Manager Two Centennial Plaza 805 Central Avenue

Cincinnati, Ohio 45202

For home purchase in balance of Hamilton County: Patrick Hanrahan, Program Coordinator Hamilton County Dept. of Community Development 630 Main Street, 1st Floor Cincinnati, OH 45202